

**APPLICATION FOR APPROVAL TO FLARE**



THIS APPLICATION IS A LEGAL DOCUMENT. READ THE AFFIRMATION AND SIGNATURE CAREFULLY BEFORE SIGNING.

**Instructions:** Print or type in black ink. This form should be printed on legal-sized paper. This form shall be used for application to the Department for an Approval To Flare for: 1) flaring associated with any well completion, stimulation, clean up, testing, plugging or other Department-identified operation; and 2) extension of a previously approved flaring period. Note: Flaring during well drilling is considered part of the drilling process and does not require a separate Approval to Flare from the Department, except under special circumstances as determined by the Department. For additional assistance completing this form, visit the Division's website or contact the appropriate Regional office.

**WELL INFORMATION**

WELL NAME & NUMBER	API WELL IDENTIFICATION NUMBER
	31         -           -     -

**OWNER CONTACT INFORMATION**

NAME (Full Name of Organization or Individual as registered with the Division)	
ADDRESS - Business (P.O. Box or Street Address, City, State, Zip Code)	TELEPHONE NUMBER ( )
ADDRESS - Night, Weekend and Holiday (P.O. Box or Street Address, City, State, Zip Code)	TELEPHONE NUMBER ( )

**WELL LOCATION DATA**

COUNTY	TOWN
FIELD/POOL NAME (or "Wildcat")	PROPOSED TARGET FORMATION OR EXISTING FORMATION

PRESENT LAND USE(S) WITHIN ¼ MILE OF EDGE OF WELL PAD (check all that apply)

Rural       Urban       Agriculture       Commercial       Other (specify below)  
 Suburban       Forest       Park/Recreation       Industrial

DISTANCE IN FEET TO NEAREST PRIVATE DWELLING, PUBLIC BUILDING OR PLACE OF ASSEMBLY FROM EDGE OF WELL PAD

Distance \_\_\_\_\_ Describe \_\_\_\_\_

**PROPOSED FLARING OPERATION**

TYPE OF FLARE REQUEST (check all that apply)

Initial Approval To Flare       Extension of Previously Approved Flaring Period       Extension of Time Period(s) Specified in 6 NYCRR § 556.2(b)       Other (specify below)

REASON FOR FLARING (check all that apply)

Well Completion       Well Testing       Other (specify below)  
 Well Stimulation       Well Plugging

ANTICIPATED DATE FLARING TO START / /	ANTICIPATED DATE FLARING TO CEASE / /	ESTIMATED DURATION OF FLARING OPERATION (net hours)
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ESTIMATED VOLUME OF GAS TO BE FLARED (Mcf)	IS ANY FLARING AT NIGHT PLANNED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ANTICIPATED MAXIMUM RATE OF FLOW (Mcf/d)	IS H <sub>2</sub> S ANTICIPATED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**TARGET FORMATION**

FORMATION(S) (origin of gas to be flared)	PERFORATION INTERVAL (note depths in ft. of top and bottom perforation) Top _____ Bottom _____
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**PREVIOUS FLARING**

HAS GAS FROM ABOVE RESERVOIR INTERVAL BEEN PREVIOUSLY FLARED UNDER DEPARTMENT-ISSUED APPROVAL(S) TO FLARE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, ESTIMATED VOLUME OF GAS PREVIOUSLY FLARED (Mcf)
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**AFFIRMATION AND SIGNATURE**

I affirm under penalty of perjury that the information provided in this application is true to the best of my knowledge and belief. By signing this form, I acknowledge that DEC has the right to enter upon and pass through the property where the well subject to this application is located for the purposes of inspection of the well and, to the extent necessary, areas adjacent to the well site. I further acknowledge that DEC staff has the right to enter upon and pass through such property in order to inspect the site, without prior notice, between the hours of 7:00 am and 7:00 pm, Monday through Friday, or any time well-related activities are ongoing at the site. By signing this form, I further acknowledge under penalty of perjury that DEC's authority to inspect the well and adjacent areas remains in effect as long as such well is regulated by DEC. I am aware any false statement made in this application is punishable pursuant to Section 210.45 of the Penal Law.

Printed or Typed Name of Authorized Representative (see below note)

The use of an electronic signature below indicates the signer's intent to sign the document and is the legal equivalent of having placed a handwritten signature on this application.

Signature of Authorized Representative (see below note)	Date ____ / ____ / ____
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**Note: The Authorized Representative must be listed in Box 7 of the Organizational Report on file with the Division of Mineral Resources.**